



# Membership Application

Benefits	Associate	Stockholder
Annual Purchase Requirement	\$30,000	\$50,000
Pepsi Pricing and Rebate	✓	✓
Vendor Special Pricing	✓	✓
Manufacturer Special Pricing	✓	✓
Off-Invoice Incentives	✓	✓
Other PGE Incentives	✓	✓
Vendor Rebates		✓
Stock Cost- \$500.00 *		✓

\*\$500 for one share can be paid at any time or taken from accrued distributor rebates. Until the stock is purchased, the member is an Associate. Stock cost is 100% refundable.

I am applying for the following membership:

- ASSOCIATE (Free)  
 STOCKHOLDER (Purchase a stock share)

APPLICANT'S NAME: \_\_\_\_\_  
**(NAME OF ESTABLISHMENT APPLYING FOR MEMBERSHIP)**

BUSINESS ADDRESS: (PLEASE WRITE THE PHYSICAL ADDRESS OF THE BUSINESS AND THE MAILING ADDRESS, IF THEY ARE DIFFERENT)

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

COUNTY: \_\_\_\_\_

<b>Office Use Only</b>	Date: _____
PGE ID: _____	
Recruited by: _____	

LIST OF PERSON(S) IN CHARGE OF BUSINESS.

<u>NAME</u>	<u>TITLE</u>	<u>% OF OWNERSHIP</u>
A. _____	_____	_____ %
B. _____	_____	_____ %

**TAX ID:** \_\_\_\_\_ **\* APPLICATION WILL NOT BE PROCESSED WITHOUT TAX ID**

BUSINESS OWNERSHIP CATEGORY (please check one):

- CORPORATION  SOLE OWNER  
 PARTNERSHIP  OTHER \_\_\_\_\_

**BUSINESS CORPORATION NAME:** \_\_\_\_\_

TYPE OF BUSINESS:

- RESTAURANT  SPORTS BAR  CAFÉ  
 DINER  CATERING  BAKERY  
 DELI  HOTEL  OTHER \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ NO. OF SEATS: \_\_\_\_\_

## Main Contact Information

NAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

## SECONDARY CONTACT INFORMATION (Other than Establishment)

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CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DO YOU CURRENTLY BELONG TO ANOTHER PURCHASING GROUP?

NO

YES (please provide name) \_\_\_\_\_

BEST TIME TO CALL: DAY AND TIME \_\_\_\_\_

WHO ARE YOUR CURRENT SUPPLIERS?

1. \_\_\_\_\_ CUSTOMER ACCT # \_\_\_\_\_

2. \_\_\_\_\_ CUSTOMER ACCT # \_\_\_\_\_

3. \_\_\_\_\_ CUSTOMER ACCT # \_\_\_\_\_

4. \_\_\_\_\_ CUSTOMER ACCT # \_\_\_\_\_

ARE YOU USING PEPSI-COLA? \_\_\_\_\_

IF YES, ARE YOU CURRENTLY UNDER AN INDIVIDUAL PEPSI CONTRACT? \_\_\_\_\_

IF NO, WHO IS YOUR CURRENT BEVERAGE SUPPLIER? \_\_\_\_\_

How did you hear about Pan Gregorian Enterprises and/or who referred you to us?

\_\_\_\_\_

I/we authorize Pan Gregorian Enterprises of Maryland, Inc. (GPO) and/or their Tracking Company to request and receive our business detailed purchase information from any Distributor for the purpose of receiving qualified Distributor and Manufacturer Rebates on our behalf.

**I HEREBY AGREE THAT ALL THE ABOVE ANSWERS ARE ACCURATE.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(OWNER/PARTNER)

\* Pending approval by the Board of Directors \*

**Attn: Pan Gregorian Ent. of Maryland**

**4911 Eastern Avenue Baltimore, MD 21224 \* Telephone: 410-631-7990 \* Fax: 410-631-7992**

**www.PGEmaryland.com**

**email: [pangregorianmd@gmail.com](mailto:pangregorianmd@gmail.com)**